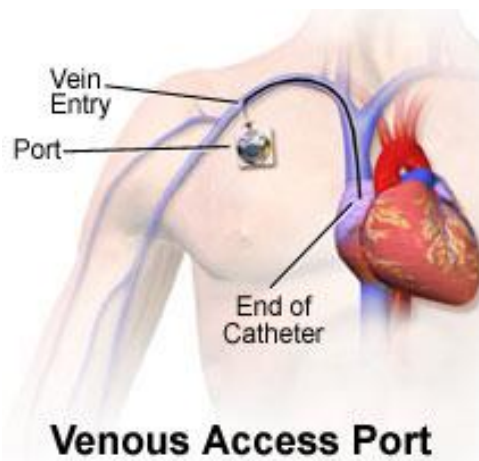


Chest Ports

What is a Port?

A port is a two-part device that allows us to give you fluids and medications and to take blood without starting an IV every time. When you need IV therapy or blood sample, your nurse will insert a special needle into the port septum. This is called “accessing the port”. **Please note:** Since accessing the port can increase the risk of infection, phlebotomy may withdraw blood from your arm instead of the port if you need blood drawn on a day you are not having an infusion.

Ports are called *vascular or venous access devices* because they provide access to your veins. Other names: Chest ports, implanted ports, Port-A-Cath®, Infus-A-Port®, SmartPort®, Mediport®, or PowerPort®. A port can stay in place permanently, if necessary, or it can be removed when it’s no longer needed.



A port is placed under your skin in a minor outpatient procedure.

A common location for a port is just below your right collarbone.

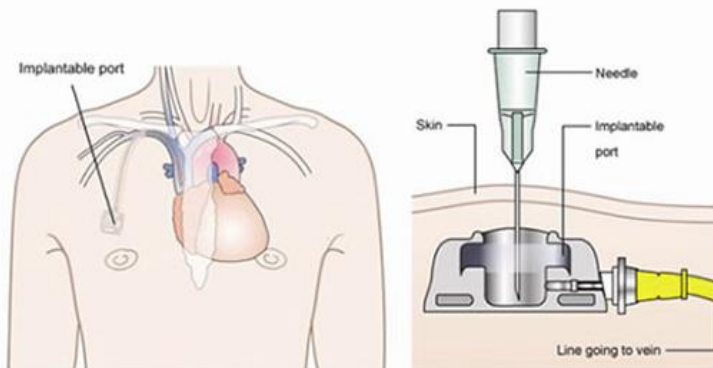
Your port has two parts:

- **The port reservoir** sits in a pocket just under your skin, usually just below your collarbone. and has a raised silicone center called a septum. The septum is where needles are inserted. It is made out of special self-sealing rubber that holds the needle safely in place, and reseals itself after each puncture. Once in place, you may see and feel a bump on your skin where the port is.
- **The catheter** is a soft, thin tube that connects to the port reservoir on one end. The other end lies in a large vein near your heart.



How Does the Port Work?

A special needle is inserted through the skin into the port. The medication passes through the catheter into a large vein in the chest, where it is quickly diluted in the bloodstream.



How Do I Prepare for Port Placement?

Medications: Tell your doctor if you are taking any medications that “thin” the blood. You may be advised to stop taking them a few days before your port is placed. These medications include:

- **aspirin**
- **nonsteroidal anti-inflammatories:** ibuprofen (Advil/Motrin), naproxen (Aleve), diclofenac/Voltaren, etodolac/Lodine, meloxicam/Mobic, oxaprozin/Daypro, piroxicam/Feldene, d sulindac/Clinoril, diflunisal, and ketoprofen
- **anticoagulants:** apixaban/Eliquis, , cilostazol/Pletal, clopidogrel/Plavix, coumadin/Warfarin or Jantoven, dabigatran/Pradaxa, dalteparin/Fragmin, enoxaparin/Lovenox, eptifibatide/Integrilin, fondaparinux/Arixtra, lepirudin/Refludan, prasugrel/Effient, rivaroxaban/Xarelto, ticagrelor/Brilinta, ticlopidine/Ticlid, tinzaparin/Innohep, tirofiban/Aggrastat

Make sure to check with your doctor or nurse before stopping your medicine.

Food/Drink

- **Stop all food and drink 8 hours before your procedure except for water.**
- **Stop drinking water 2 hours before your procedure.**

How Do I Care for my Port?

For the first few days after you get your port, you will need to take care of the small incision made during the procedure.

- You will receive written instructions on how to care for your port when it is placed.
- For 1-2 days after you get your port, the area will feel sore, like a bruise. It will be healed in about 10 days. **While healing, avoid heavy exertion and contact sports.**
- For the first week after getting your port - and anytime the port is accessed – **you must keep it clean and dry.** Cover the area around your port with a double layer of plastic wrap when showering and tape the edges down. Keep your back to the shower.

- For the first 2 weeks – and anytime the port is accessed – do not submerge the port in water (no pools, baths, etc.).
- Keep the bandage on the incision until it heals.
- If sterile tape/ Steri Strip™ is placed over the incision, do not pick it off. It will loosen and fall off on its own.
- Once the incision heals, the port needs no special care. You do not need a bandage, and you can resume your normal activity level when the port is not in use.
- When not in use, the only care a port needs is a heparin and saline flush every 90 days, which is done by a nurse.
- We will give you information that tells you where your port is located on your body and whether it can be used for CT scan injections. Keep this information in a safe area.
- When you are scheduled for an appointment where your port will be accessed, be mindful of the clothing that you wear. Something with a loose neck or V-neck would help the nurse access your port and be more comfortable for you.

How Long Do I Have to Keep the Port?

Only your doctor can answer that question. When the port is no longer needed, it can be removed.

What if I Suspect a Problem?

It is common for the area around a new port to have some redness and/or soreness for 1-2 days. If redness/soreness lasts longer, call your doctor or clinic.

Call your doctor **immediately** if you have:

- signs of infection: **Fever of 100.4°F (38°C) or higher**, chills, pain, or swelling, or increasing redness or soreness near the port that lasts more than 2 days after it was put in
- shortness of breath or dizziness
- bleeding around the incision or port (after the 2nd day)
- bleeding that soaks through gauze (at any time)
- difficulty flushing, when port is accessed

Urgent/Emergency Situations

- Urgent, but not life-threatening symptoms: Call your center. After hours, our call center staff will answer and direct your call appropriately. You can also reach Roswell Park 24/7 at **716-845-2300**.
- If you are sick and need immediate evaluation, the physician may refer you to our Assessment and Treatment Center (ATC). The ATC is open 24/7 but you will need a referral from your doctor or the doctor on call; it is not a walk-in clinic.
- **Emergencies: Call 911 or go to the nearest hospital emergency room.** If you go to the ER or are hospitalized, please let us know.